## CITY OF

## PLANNING, COMMUNITY, & ECONOMIC DEVELOPMENT DEPARTMENT

Mailing Address: P.O. Box 547, Anacortes, WA 98221 Office Location: 904 6<sup>th</sup> Street, Anacortes WA 98821

Phone: (360) 299-1984

## RESTAURANT SIDEWALK USE PERMIT

SITE INFORMATION	
RESTAURANT NAME:	BUSINESS PERMIT NUMBER:
SITE ADDRESS:	PARCEL NUMBER(S):
PROJECT NARRATIVE:	
PROPERTY OWNER INFORMATION:   Multiple owners attached	
NAME:	ADDRESS:
PHONE #:	EMAIL:
APPLICANT INFORMATION:   Same as property owner	
NAME:	MAILING ADDRESS:
PHONE #:	EMAIL:
CONTACT PERSON INFORMATION:   Same as property owner   Same as applicant	
NAME:	ADDRESS:
PHONE #:	EMAIL:
PERMIT SUBMITTAL REQUIREMENTS	
The following must be provided with permit application:	
☐ Site plan showing proposed sidewalk use:	
☐ Location/number of tables and chairs	
$\square$ Location of use, as it relates to the restaurant building	
☐ Names/addresses of abutting property owners and/or renters	
Evidence of comprehensive public liability insurance	
☐ Agent Authorization Form, if applicable	

## HOLD HARMLESS AGREEMENT I am the authorized person in charge of the above activity and the information given in this application and agreement is correct. I further agree as the representative to be bound by the regulations, policies and conditions as described in the regulations governing Restaurant Sidewalk Use Permits. It is further agreed that the permittee shall be solely responsible for and hold harmless, defend, and indemnify the City of Anacortes and its employees for any claim, loss, injury or damage to persons or property of whatsoever kind or nature, caused in whole or in part by or arising directly or indirectly out of the issuance of any license · hereunder, or the conduct or operation of any such sidewalk use business. Printed Name Date